

Criminal Case Cover Sheet**U.S. District Court - District of Massachusetts**Place of Offense: Allston Category No. II Investigating Agency DEACity BostonCounty Suffolk**Related Case Information:**

Superseding Ind./ Inf. _____ Case No. _____

Same Defendant _____ New Defendant _____

Magistrate Judge Case Number 25-4120-DHHSearch Warrant Case Number 25-4121-DHH

R 20/R 40 from District of _____

Defendant Information:Is this case related to an existing criminal action pursuant to Rule 40.1(h)? If yes, case number _____ ☐ Yes ☒ NoDefendant Name Peter SchiepersJuvenile: ☐ Yes ☒ NoIs this person an attorney and/or a member of any state/federal bar: ☐ Yes ☒ No

Alias Name: _____

Address: 41 Allston Street, Apt. 1, Boston, MA 02134Birth date (Yr only): 1992 SSN (last 4#): 5362 Sex: M Race W Nationality: UNK

Defense Counsel if known: _____ Address: _____

Bar Number: _____

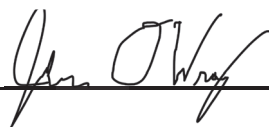
U.S. Attorney InformationAUSA: John O. Wray Bar Number if applicable: 714663Interpreter: ☐ Yes ☒ No List language and/or dialect: _____Victims: ☐ Yes ☒ No If yes, are there multiple crime victims under 18 USC§3771(d)(2) ☐ Yes ☒ NoMatter to be SEALED: ☒ Yes ☐ No☒ Warrant Requested ☐ Regular Process ☐ In Custody

Location Status: _____

Arrest Date: _____

☐ Already in Federal Custody as of _____ in _____☐ Already in State Custody at _____ ☐ Serving Sentence ☐ Awaiting Trial☐ On Pretrial Release: Ordered by: _____ on _____Charging Document: ☒ Complaint ☐ Information ☐ IndictmentTotal # of Counts: ☐ Petty _____ ☐ Misdemeanor _____ ☒ Felony 1

Continue on Page 2 for Entry of U.S.C. Citations

☒ I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.Date: 3/7/2025Signature of AUSA: 

District Court Case Number (To be filled in by deputy clerk): _____

Name of Defendant Peter Schiepers**U.S.C. Citations**

	<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
Set 1	<u>21 U.S.C. § 841</u>	<u>Distribution and possession with intent to distribute methamphetamine</u>	<u>1</u>
Set 2	_____	_____	_____
Set 3	_____	_____	_____
Set 4	_____	_____	_____
Set 5	_____	_____	_____
Set 6	_____	_____	_____
Set 7	_____	_____	_____
Set 8	_____	_____	_____
Set 9	_____	_____	_____
Set 10	_____	_____	_____
Set 11	_____	_____	_____
Set 12	_____	_____	_____
Set 13	_____	_____	_____
Set 14	_____	_____	_____
Set 15	_____	_____	_____

ADDITIONAL INFORMATION: